

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-019703

STATE FILE NUMBER

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **703**

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10397

20930

3

4 0

5 0

6

7 1

8 2

99101

10 3

11 093

12 92-3

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Ralph H. Thiem, Coroner
USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Rural Collins Twsp	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Baptist Hospital		d. STREET ADDRESS (If outside, give location) RFD#2 Humansville	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First BRITON Middle COREY Last CRANE		4. DATE OF DEATH Month May Day 10 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/21/1955
9. AGE (last birthday) 7		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY In School	
11. BIRTHPLACE (City and state or country) Savannah, Georgia		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James D. Crane		13b. MOTHER'S MAIDEN NAME Virginia Hart	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT James D. Crane (Father) Address Humansville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable head injuries		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) According to information received, he was with his father in a field where trees were being burned. One fell on him.	
20c. TIME OF DEATH Hour 3:00 P.M. Month, Day, Year 5/10/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on farm		20f. CITY, TOWN, OR LOCATION Humansville St. Clair, Missouri	
20g. COUNTY St. Clair		20h. STATE Missouri	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at approx. 5:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ralph H. Thiem (Degree or title County Coroner)		22b. ADDRESS Springfield, Missouri	
22c. DATE SIGNED 5/13/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/12/63	23c. NAME OF CEMETERY OR CREMATORY Memorial Cemetery	23d. LOCATION (City, town, or county) (State) Guymon, Oklahoma
24. FUNERAL DIRECTOR Beckwith Funeral Home		25. DATE RECD. BY LOCAL REG. 5-13-63	26. REGISTRAR'S SIGNATURE Eddie J. Melton
ADDRESS Humansville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

MAY 22 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ogle Stone Jr

Licensed Embalmer No.

4176

P. O. Address

Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit 5-10-63